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FORM NO. 241  
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WHICH MAY BE USED.

GPO : 1957-O-439445 (47)

## NOTICE OF CHANGES IN FEDERAL EMPLOYEES HEALTH BENEFITS LAW

A recent amendment makes some important changes in the Federal Employees Health Benefits Law which affect only certain annuitants. Please read all parts of this leaflet carefully to see if any of these changes affect you.

### 1. CHANGE IN DEFINITION OF FAMILY MEMBER

The definition of family member is expanded to include unmarried children to age 21 (instead of age 19) and to include unmarried foster children. (Unmarried children over age 21 still are included if incapable of self-support because of a disability that began before age 21.)

For health benefits purposes, a foster child is a child living with an employee annuitant in a regular parent-child relationship. The annuitant must intend to rear the child indefinitely into adulthood as if the child were his own. In the case of a deceased former employee, the foster parent-child relationship must have existed at the time of death.

A child temporarily living with you does not qualify as a foster child. Neither does a child placed in your home by an agency which retains control and pays for his maintenance.

**Effective date of coverage.**—If you have a family enrollment, foster children and children between ages 19 and 21 are automatically included for covered medical care obtained on or after March 17, 1964. Claims should be submitted direct to your health benefits plan.

If you have a Family enrollment, any conversion contract purchased for a child not yet 21 should be canceled by writing to the plan. The child will have a new conversion right at age 21 or if coverage as a family member stops because of marriage.

**Notice to carrier.**—Annuitants enrolled in a group-practice or individual-practice plan should write their plan, giving the name and date of birth of any eligible child aged 19 to 21 or any eligible foster child. Annuitants enrolled in the Service Benefit (Blue Cross-Blue Shield) Plan, the Indemnity Benefit (Aetna) Plan, or an employee organization plan need take no action unless their plan requests this information.

### 2. RETIRED WOMEN EMPLOYEES

If you have a "Family—Female With Nondependent Husband" enrollment, it will be changed automatically to a regular family enrollment effective July 1, 1964. The health benefits withholding from your annuity will be reduced by \$2.82 a month beginning with your August 1, 1964, check. **YOU NEED NOT CONTACT US ABOUT THIS CHANGE.**

**BE SURE TO READ THE OTHER SIDE OF THIS LEAFLET CAREFULLY**

BRI 49-246  
April 1964

If you are a retired annuitant employee, or have already retired, and your husband is incapable of self-support due to disability, you no longer need notify us if he becomes capable of self-support. If you are in this category, your health benefits withholding already is at the amount specified for regular family enrollments.

### 3. SPECIAL OPPORTUNITY TO CHANGE FROM SELF ONLY TO FAMILY ENROLLMENT

Between now and June 30, 1964, any annuitant who is enrolled for Self Only may change to Self and Family enrollment in the same plan and option.

If you wish to make this change, your written request for Family enrollment must be received in the Civil Service Commission not later than June 30, 1964. Your request should identify your health benefits plan and should list the name, date of birth, and relationship of each family member to be included in your enrollment. The change will become effective the first day of the month after your request is received.

### 4. SPECIAL OPPORTUNITY FOR CERTAIN ANNUITANTS TO REENROLL

An annuitant whose enrollment terminated at retirement solely because he did not enroll as an employee at his first opportunity may reenroll in a plan at any time up to December 31, 1964.

To be eligible to reenroll under this provision, such an annuitant also must have (1) retired on immediate (not deferred) annuity after at least 12 years' service, or (2) retired under the disability provision of the Retirement Act. His survivor annuitant can enroll if the employee annuitant has died since retirement.

If you believe that you qualify to reenroll and wish to do so, your written request to reenroll must be received in the Civil Service Commission not later than December 31, 1964. Show in your request the name of the plan in which you were enrolled when you retired and, if available, your enrollment identification number. Reenrollment will become effective on the first day of the month after your request is received unless you specify the first day of a later month.

**IMPORTANT:** Items 1 and 2 are effective automatically and you do not have to write to the Commission about them. If you write to the Commission about items 3 or 4, be sure to include your full name, your retirement claim number, and your date of birth. Also print your name and address and, if you are a survivor annuitant, give the name and date of birth of the former employee on whose service your annuity is based.

SEE OTHER SIDE

U.S. GOVERNMENT PRINTING OFFICE : 1964 OF-725-095

BUREAU OF RETIREMENT AND INSURANCE

CIVIL SERVICE  
**news**

# U.S. CIVIL SERVICE COMMISSION

news unit

Washington, D.C.  
20415

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## FOR RELEASE:

ADVANCE FOR FRIDAY AFTERNOON NEWSPAPERS  
NOT TO BE USED BY PRESS, RADIO, OR TV BEFORE  
6:30 A.M., EST., FRIDAY, MARCH 20, 1964

The Civil Service Commission said today it has opened enrollment in the Federal Employees Health Benefits program to eligible employees not now enrolled. In addition, employees enrolled for self-only will be able to change to self-and-family but only in the same plan and same option. The limited enrollment and change of enrollment will be permitted through June 30, 1964.

The Commission said it was taking this action to assure that all eligible employees have an opportunity to take advantage of the liberalizing amendments to the Health Benefits Act which President Johnson recently signed into law.

The changes which will have the widest employee impact are as follows:

- . The Government contribution to the cost of family enrollments of women employees with nondependent husbands is increased from \$3.94 to \$6.76 a month, the amount now contributed for male employees with family enrollments. Take-home pay for women affected by this provision will, therefore, be increased by \$2.82 a month.
- . The health benefits coverage of unmarried children is continued until age 21 instead of age 19.
- . Unmarried foster children are now included in family enrollments.
- . All employees enrolled in the program by December 31, 1964, will be considered as having enrolled at their first opportunity. This will make them eligible to continue their coverage after retirement, if they retire on an immediate annuity with at least 12 years of service or for disability.

The increased contribution for women employees starts the first pay period beginning on or after June 15, 1964. There are approximately 111,000 women workers with nondependent husbands covered under family enrollments. The increased contribution will total about \$3,500,000.

(more)

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With the exception of the increased contribution to women employees in family enrollments, all provisions of the legislation are already in effect.

Another amendment will permit annuitants to reinstate their health benefits coverage if they were enrolled in the program at the time of retirement but lost it only because they had not enrolled at their first opportunity. No other annuitants will be permitted to enroll.

Already-enrolled annuitants will receive the benefits of the new amendments and will also be permitted to change from self-only to self-and-family enrollments through June 30, 1964.

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UNITED STATES CIVIL SERVICE COMMISSION

PUBLIC INFORMATION OFFICE

Questions and Answers on the Amendments to the Federal Employees  
Health Benefits Act of 1959

The following questions and answers have been prepared by the Civil Service Commission to answer questions being received about P.L. 88-284, approved by President Johnson on March 17, 1964, which amends the Federal Employees Health Benefits Act of 1959. They apply generally to persons who are currently employed by the Federal Government.

General

1-Q. How will the recently enacted changes in the Federal Employees Health Benefits Act of 1959 affect Federal employees?

A. In general, the changes affect groups of employees rather than providing across-the-board liberalizations that affect all employees. Specifically the most important changes --

- o Increase the Government contribution to family enrollments of women with nondependent husbands so that it is the same as for males.
- o Continue the health benefits coverage of unmarried children under family enrollments until age 21 instead of age 19.
- o Include unmarried foster children in family enrollments.
- o Consider all employees enrolled in the health benefits program by December 31, 1964, as having enrolled at their first opportunity.
- o Permit an enrolled employee to continue his coverage while receiving compensation from the Bureau of Employment Compensation regardless of when the illness or injury entitling him to such payment occurred.

2-Q. When are these changes effective?

A. Except for the increased Government contribution to women workers, they became effective on March 17, 1964, when they were signed into law by the President.

3-Q. What is the effective date for the increased Government contribution to women workers with nondependent husbands enrolled for self-and-family?

A. The first day of the pay period beginning on or after June 15, 1964.

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- 4-Q. What do employees need to do to take advantage of these changes?
- A. Generally speaking, enrolled employees need not take any action. However, unenrolled employees would, of course, have to enroll in a plan participating in the Federal Employees Health Benefits program. Also, employees enrolled for self-only might have to change to self-and-family enrollments.
- 5-Q. When will such an enrollment or change in enrollment be permitted?
- A. Until June 30, 1964, eligible unenrolled employees have an opportunity to enroll in the program. Also, until June 30, 1964, all employees now enrolled for self-only may change to self-and-family enrollments, but only in the same plan and option. Any employee who wishes to enroll or change his enrollment should contact his employing office.
- 6-Q. Where do employees go to obtain information on enrolling or changing their enrollment?
- A. To their employing office. Most employing offices will issue instructions as to the exact place where this information will be available.

Women Employees With Nondependent Husbands

- 7-Q. What effect does increasing the Government's contribution to the family enrollment of a woman with a nondependent husband have?
- A. The amount withheld from the woman's salary for health benefits will, in most cases, be reduced ~~from \$6.76 to \$3.94~~ or \$2.82 a month (\$1.30 biweekly).
- 8-Q. A woman employee with a nondependent husband is now enrolled for self-and-family. Does she need to take any action to obtain the increase in the Government contribution?
- A. No. The adjustment in salary withholdings will be made automatically.
- 9-Q. A woman employee with children and a nondependent husband is now enrolled for self-only. Would she need to change her enrollment to self-and-family in order to cover her husband and children?
- A. Yes. Self-only enrollments cover only the employee. There is no change in the Government contribution to self-only enrollments.

Children

- 10-Q. In general, what do the changes concerning children do?
- A. They liberalize the definition of "family member" as used in the Federal Employees Health Benefits Act of 1959 by extending from 19 to 21 the age limit at which an unmarried child loses coverage and by including unmarried foster children.
- 11-Q. What is a foster child?
- A. For health benefits purposes, the employee must be rearing the child as his own and the child must be living with the employee in a regular parent-child relationship. The employee need not be related to the child nor have taken steps to adopt him legally. However, there must exist an expectation that the employee will continue to rear the child into adulthood.
- 12-Q. Is a child who is placed in the employee's home by a welfare or social service agency which retains control of the child and pays for his maintenance considered a foster child?
- A. No.
- 13-Q. Would a child who is temporarily living with an employee as a matter of convenience be considered a foster child?
- A. No. There must be a regular parent-child relationship and an expectation that the employee will continue to rear the child into adulthood.
- 14-Q. Must a child actually be living with the employee to be considered a foster child?
- A. Generally speaking, yes. However, there are some exceptions as, for example, where a child is temporarily living elsewhere in order to go to school.
- 15-Q. Is an unmarried child of age 19 to 21 who is not living with the employee covered under the employee's family enrollment?
- A. Yes, unless the child is a foster child or stepchild. The "living with" requirement applies to foster children and stepchildren but not to the employee's own children.
- 16-Q. Do employees enrolled for self-and-family who have unmarried children ages 19 to 21 or foster children need to take any action to obtain coverage for those children?
- A. No. However, if an employee is enrolled in a group-practice or an individual-practice plan, he should notify his plan direct giving the name and birthdate of the child or children. These plans customarily keep a record of each eligible family member. Other plans determine whether a child is the member of a family at the time a claim is filed.



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17-Q. Do employees enrolled for self-only who have unmarried children ages 19 to 21 or foster children need to take any action to cover those children?

A. Yes. They must change their enrollment to self-and-family.

18-Q. What about an employee's child who has reached age 19 but not 21 and who is now covered under a conversion non-group contract which the employee purchased from his plan?

A. Since the child is now covered under the employee's family enrollment, the employee should immediately contact his plan and cancel the non-group contract. When the child reaches 21 or his group coverage as a family member terminates by marriage, a new right to convert to a non-group contract is given.

19-Q. When are the allowable medical expenses of an eligible child who is age 19 to 21 covered by the employee's health benefits plan?

A. There are several answers:

1. If the employee has a family enrollment, the expenses are covered from March 17, 1964.
2. If the employee is enrolled for self-only, the expenses are covered from the date the employee's change to a family enrollment becomes effective.
3. If the employee is not enrolled in a health benefit plan, the expenses are covered from the date his enrollment for self-and-family becomes effective.

"First Opportunity" Enrollment

20-Q. What is the purpose of the change in the law which provides that all employees enrolled in the health benefits program on or before December 31, 1964, shall be considered as having enrolled at their first opportunity?

A. The Federal Employees Health Benefits Act required that to be eligible to continue coverage after retirement an enrolled employee must --

1. Retire on an immediate annuity after at least 12 years of service or for disability and
2. Have been continuously enrolled in a plan from his first opportunity to do so.

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Some employees failed to enroll at their first opportunity and therefore could not have continued their coverage after retirement. With the change in the law, an employee who enrolls in a plan on or before December 31, 1964, is considered to have enrolled at his first opportunity.

21-Q. Will an eligible unenrolled employee who now enrolls in a participating plan be considered as having enrolled at his first opportunity?

A. Yes.

Compensationers

22-Q. What is the purpose of the change concerning employees receiving compensation from the Bureau of Employees' Compensation?

A. Prior to the change, an enrolled employee who was put on compensation from the Bureau of Employees' Compensation as the result of an injury which was sustained before July 1, 1960 (the date the Federal Employees Health Benefits program went into effect), lost his health benefits coverage. The change permits these employees to continue their coverage while in receipt of compensation if they are otherwise eligible.

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